AFFINITY SUBACUTE CARE
1506 SOUTH ONEIDA STREET
APPLETON 54915 Phone: (920) 83

APPLETON 54915 Phone: (920) 831-8340 Ownership: Nonprofit Church Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Yes Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/03): 20 Title 18 (Medicare) Certified? Yes Total Licensed Bed Capacity (12/31/03): 20 Title 19 (Medicaid) Certified? No Number of Residents on 12/31/03: 7 Average Daily Census: 14

| Services Provided to Non-Residents             |          | Age, Gender, and Primary Di                                | agnosis | of Residents (1        | 2/31/03)     | Length of Stay (12/31/03)  | 용      |
|--|----------|--|---------|------------------------|--------------|--|--------|
| Home Health Care Supp. Home Care-Personal Care | No<br>No | <br>  Primary Diagnosis<br>                                |         |                        |              |  | 0.0    |
| Supp. Home Care-Household Services             | No       | Developmental Disabilities                                 | 0.0     | Under 65               | 14.3         | More Than 4 Years  | 0.0    |
| Day Services<br>Respite Care                   | No<br>No | Mental Illness (Other)                                     | 0.0     | 65 - 74<br>  75 - 84   | 14.3<br>57.1 | İ  | 0.0    |
| Adult Day Care<br>Adult Day Health Care        | No<br>No | Alcohol & Other Drug Abuse<br>  Para-, Quadra-, Hemiplegic |         | 85 - 94<br>  95 & Over |              | ************************************   |        |
| Congregate Meals<br>Home Delivered Meals       | No<br>No | Cancer<br>  Fractures                                      |         | <br>                   |              | Nursing Staff per 100 Resi<br>  (12/31/03)   | idents |
| Other Meals                                    | No       | Cardiovascular   | 28.6    | 65 & Over              | 85.7         | i  |        |
| Transportation<br>Referral Service             | No<br>No | Cerebrovascular<br>  Diabetes                              |         | <br>  Gender           | %            | RNs<br>  LPNs  | 121.1  |
| Other Services Provide Day Programming for     | No       | Respiratory<br>  Other Medical Conditions                  |         | <br>  Male             |              | Nursing Assistants,<br>  Aides, & Orderlies  | 88.9   |
| Mentally Ill Provide Day Programming for       | No       |  | 100.0   | Female                 | 57.1<br>     | •  |        |
| Developmentally Disabled                       | No       | <br>   | 100.0   | <br>                   | 100.0        | I and the second |        |

## Method of Reimbursement

|                     |      | Medicare |                     |     | dicaid<br>tle 19 |                     |     | Other |                     | P.  | rivate<br>Pay |                     |     | amily<br>Care |                     | ]   | Managed<br>Care |                     |                         |       |
|---------------------|------|----------|---------------------|-----|------------------|---------------------|-----|-------|---------------------|-----|---------------|---------------------|-----|---------------|---------------------|-----|-----------------|---------------------|-------------------------|-------|
| Level of Care       | No.  | 96       | Per<br>Diem<br>(\$) | No. | olo<br>Olo       | Per<br>Diem<br>(\$) | No. | olo   | Per<br>Diem<br>(\$) | No. | olo           | Per<br>Diem<br>(\$) | No. | olo           | Per<br>Diem<br>(\$) | No. | %               | Per<br>Diem<br>(\$) | Total<br>Resi-<br>dents | Of    |
| Int. Skilled Care   | 2    | 50.0     | 308                 | 0   | 0.0              | 0                   | 0   | 0.0   | 0                   | 0   | 0.0           | 0                   | 0   | 0.0           | 0                   | 2   | 66.7            | 539                 | 4                       | 57.1  |
| Skilled Care        | 2    | 50.0     | 283                 | 0   | 0.0              | 0                   | 0   | 0.0   | 0                   | 0   | 0.0           | 0                   | 0   | 0.0           | 0                   | 1   | 33.3            | 497                 | 3                       | 42.9  |
| Intermediate        |      |          |                     | 0   | 0.0              | 0                   | 0   | 0.0   | 0                   | 0   | 0.0           | 0                   | 0   | 0.0           | 0                   | 0   | 0.0             | 0                   | 0                       | 0.0   |
| Limited Care        |      |          |                     | 0   | 0.0              | 0                   | 0   | 0.0   | 0                   | 0   | 0.0           | 0                   | 0   | 0.0           | 0                   | 0   | 0.0             | 0                   | 0                       | 0.0   |
| Personal Care       |      |          |                     | 0   | 0.0              | 0                   | 0   | 0.0   | 0                   | 0   | 0.0           | 0                   | 0   | 0.0           | 0                   | 0   | 0.0             | 0                   | 0                       | 0.0   |
| Residential Care    |      |          |                     | 0   | 0.0              | 0                   | 0   | 0.0   | 0                   | 0   | 0.0           | 0                   | 0   | 0.0           | 0                   | 0   | 0.0             | 0                   | 0                       | 0.0   |
| Dev. Disabled       |      |          |                     | 0   | 0.0              | 0                   | 0   | 0.0   | 0                   | 0   | 0.0           | 0                   | 0   | 0.0           | 0                   | 0   | 0.0             | 0                   | 0                       | 0.0   |
| Traumatic Brain In  | j 0  | 0.0      | 0                   | 0   | 0.0              | 0                   | 0   | 0.0   | 0                   | 0   | 0.0           | 0                   | 0   | 0.0           | 0                   | 0   | 0.0             | 0                   | 0                       | 0.0   |
| Ventilator-Depender | nt 0 | 0.0      | 0                   | 0   | 0.0              | 0                   | 0   | 0.0   | 0                   | 0   | 0.0           | 0                   | 0   | 0.0           | 0                   | 0   | 0.0             | 0                   | 0                       | 0.0   |
| Total               | 4    | 100.0    |                     | 0   | 0.0              |                     | 0   | 0.0   |                     | 0   | 0.0           |                     | 0   | 0.0           |                     | 3   | 100.0           |                     | 7                       | 100.0 |

County: Outagamie Facility ID: P210 Page 2
AFFINITY SUBACUTE CARE

| Admissions, Discharges, and    |       | Percent Distribution | ı of Residents' | Condit | tions, Services, a       | nd Activities as of 12, | /31/03             |
|--------------------------------|-------|----------------------|-----------------|--------|--------------------------|-------------------------|--------------------|
| Deaths During Reporting Period | ļ     |                      |                 |        | 0. M 41                  |                         | m. t 1             |
| Percent Admissions from:       |       | Activities of        | 0               |        | % Needing<br>sistance of | 0 ma±all                | Total<br>Number of |
|                                | 0 0   |                      | - 1 · .         |        |                          | <del>-</del>            |                    |
| Private Home/No Home Health    | 0.9   | <u> </u>             | -               | One    | e Or Two Staff           | · · · ·                 | Residents          |
| Private Home/With Home Health  | 0.2   |                      | 0.0             |        | 100.0                    | 0.0                     | ./                 |
| Other Nursing Homes            | 0.2   | 2                    | 0.0             |        | 100.0                    | 0.0                     | 7                  |
| Acute Care Hospitals           | 98.6  | Transferring         | 0.0             |        | 100.0                    | 0.0                     | 7                  |
| Psych. HospMR/DD Facilities    | 0.0   | Toilet Use           | 0.0             |        | 100.0                    | 0.0                     | 7                  |
| Rehabilitation Hospitals       | 0.0   | Eating               | 0.0             |        | 100.0                    | 0.0                     | 7                  |
| Other Locations                | 0.0   | ******               | ******          | *****  | *****                    | *****                   | *****              |
| Total Number of Admissions     | 437   | Continence           |                 | 용      | Special Treatme          | nts                     | 용                  |
| Percent Discharges To:         | 1     | Indwelling Or Extern | al Catheter     | 28.6   | Receiving Res            | piratory Care           | 14.3               |
| Private Home/No Home Health    | 27.9  | Occ/Freq. Incontinen | t of Bladder    | 14.3   | Receiving Tra            | cheostomy Care          | 0.0                |
| Private Home/With Home Health  | 32.6  | Occ/Freq. Incontinen | it of Bowel     | 0.0    | Receiving Suc            | tioning                 | 0.0                |
| Other Nursing Homes            | 16.7  | -                    |                 |        | Receiving Ost            | omy Care                | 0.0                |
| Acute Care Hospitals           | 13.7  | Mobility             |                 |        | Receiving Tub            | e Feeding               | 0.0                |
| Psych. HospMR/DD Facilities    | 0.5   | Physically Restraine | ed.             | 0.0    | Receiving Mec            | hanically Altered Diets | 0.0                |
| Rehabilitation Hospitals       | 0.9   |                      |                 |        | _                        | -                       |                    |
| Other Locations                | 1.6   | Skin Care            |                 |        | Other Resident           | Characteristics         |                    |
| Deaths                         | 6.2 i | With Pressure Sores  |                 | 14.3   | Have Advance             | Directives              | 85.7               |
| Total Number of Discharges     |       | With Rashes          |                 | 14.3   | Medications              |                         |                    |
| (Including Deaths)             | 438 i |                      |                 |        | Receiving Psv            | choactive Drugs         | 14.3               |

|  | This     | Other Hospital-  | All         |
|--|----------|------------------|-------------|
|  | Facility | Based Facilities | Facilties   |
|  | %        | % Ratio          | % Ratio     |
| Occupancy Rate: Average Daily Census/Licensed Beds   | 70.0     | 90.1 0.78        | 87.4 0.80   |
| Current Residents from In-County                     | 85.7     | 83.8 1.02        | 76.7 1.12   |
| Admissions from In-County, Still Residing            | 1.4      | 14.2 0.10        | 19.6 0.07   |
| Admissions/Average Daily Census                      | 3121.4   | 229.5 13.60      | 141.3 22.09 |
| Discharges/Average Daily Census                      | 3128.6   | 229.2 13.65      | 142.5 21.96 |
| Discharges To Private Residence/Average Daily Census | 1892.9   | 124.8 15.17      | 61.6 30.72  |
| Residents Receiving Skilled Care                     | 100.0    | 92.5 1.08        | 88.1 1.14   |
| Residents Aged 65 and Older                          | 85.7     | 91.8 0.93        | 87.8 0.98   |
| Title 19 (Medicaid) Funded Residents                 | 0.0      | 64.4 0.00        | 65.9 0.00   |
| Private Pay Funded Residents                         | 0.0      | 22.4 0.00        | 21.0 0.00   |
| Developmentally Disabled Residents                   | 0.0      | 1.2 0.00         | 6.5 0.00    |
| Mentally Ill Residents                               | 0.0      | 32.9 0.00        | 33.6 0.00   |
| General Medical Service Residents                    | 28.6     | 22.9 1.25        | 20.6 1.39   |
| Impaired ADL (Mean)*                                 | 57.1     | 48.6 1.18        | 49.4 1.16   |
| Psychological Problems                               | 14.3     | 55.4 0.26        | 57.4 0.25   |
| Nursing Care Required (Mean) *                       | 5.4      | 7.0 0.77         | 7.3 0.73    |